

ANONYMOUS

Witness Name: **GRO-B**

Statement No.: WITN2151002

Exhibits: WITN2151003-020

Dated: 21st July 2021

INFECTED BLOOD INQUIRY

EXHIBIT WITN2151020

GRO-B

GRO-B

Dr Gráinne O'Brien
Haemophilia Centre
Outpatient Department 1
Edinburgh Royal Infirmary
51 Little France Crescent
Edinburgh
EH16 5SA

GRO-B

CHI GRO-B
Psychology ID GRO-B

Letter ID: GRO-B

Dear Dr O'Brien

Date: 15/03/2017

GRO-B

Date of Birth: GRO-B 1981

Following our discussion today I am writing to confirm that we cannot accept the referral for GRO-B to the Adult Learning Disability Team as he was assessed by Dr GRO-B Clinical Psychologist, in 1999 and found not to have a learning disability. As we agreed though I am writing to give a brief summary of what input he had from the Clinical Psychology Service within GRO-B as you felt this would be helpful for GRO-B and his parents.

GRO-B was referred to the Adult Psychology department in 1999 by his GP for input in relation to his social skills as he reported that he was quite socially isolated after leaving school and this was felt to be related to some degree of learning difficulties. The letter was forwarded on to the Learning Disability Team and Dr GRO-B conducted a cognitive assessment in March 1999 at which time he found that GRO-B scores fell in the low average to border line range of cognitive functioning and therefore he did not meet the criteria of a significant impairment in cognitive functioning, necessary for a diagnosis of a learning disability.

Given that GRO-B did not meet the criteria for the Learning Disability Team, Ms GRO-B passed the referral on to GRO-B Clinical Psychologist in GRO-B. When GRO-B met with GRO-B and his family they reported that GRO-B had a strong desire for friends without disabilities and at times he could be angry and frustrated with ongoing struggles with social relationships. Although at the time it was reported that his family thought it would be helpful to have some one-to-one input in order to manage his anger and frustration, Ms GRO-B reported that GRO-B was not focussed on this as a goal so she did not believe one-to-one input would be beneficial and instead referred him on to the Social Work department to determine whether there were any social groups he could get involved in where he could meet other individuals with a similar level of need. She also conducted some further neuropsychological assessments with GRO-B to get a clearer picture of his cognitive strengths and difficulties. He appeared to have particular difficulty with attention and concentration and executive functioning assessments also indicated problems with planning, problem solving and self monitoring. He performed better on visual problem solving tasks and his verbal memory was consistent with his overall cognitive functioning. Ms GRO-B felt that his primary difficulties related to impulsivity and his slow completion of tasks. At that time Ms GRO-B feeling

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was that **GRO-B** main frustrations were in relation to difficulties with identifying an appropriate peer group as he strongly felt he was not disabled and was quite clear that he wished to be seen as 'mainstream'. Although Ms **GRO-B** did not offer **GRO-B** any individual one-to-one work she did offer the college the opportunity for her to work indirectly through them but did not receive any request for input from them. Given this she discharged him from her service in 2000. We do not have any record of him being seen by Clinical Psychology in any speciality within **GRO-B** since that time.

As we discussed, given the current concerns are about planning for **GRO-B** future I feel the most appropriate step would be to contact the **GRO-B** and ask for an assessment of **GRO-B** needs. It may be that they are aware of other groups that he could tap into that would meet his need to form social relationships with those that he feels are of a similar level of ability to him. As we discussed he may also find it helpful to have a look at the **GRO-B** where he might find some information about groups he could join. If he requires further psychological input within **GRO-B** he would need to seek a referral to Adult Psychology through his GP.

If you require any further information please do not hesitate to get in touch.

Yours sincerely

GRO-B

Authorised on 16/03/2017 08:22:37 by **GRO-B**

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